

JUDGMENT OR CONVICTION REPORT

Report Number 7920000036407806

This report is maintained in: ☐ The National Practitioner Data Bank
☒ The Healthcare Integrity and Protection Data Bank

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A. REPORTING ENTITY

Entity Name: TEST ENTITY
Address: 6220 TEST STREET

City, State, ZIP: TEST CITY, VA 11111

Entity Internal Report Reference
(e.g., claim number): ENTREF - 1011011

Name or Office: TEST POC
Title or Department: TESTING DEPARTMENT
Telephone: (111)222-3333

Type of Report: INITIAL REPORT

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: TEST2LNAME, TEST2FNAME TEST2MNAME JR
Other Names Used: LKJ, LJK LJK LKJ

Gender: FEMALE
Home Address: TESTSTREETHOME

City, State, ZIP: TESTCITYHOME, LA 38945
Country:

Organization Name: TEST2ORGANIZATIONNAME
Organization Type: REHABILITATION HOSPITAL (303)
Other, as Specified:
Work Address: TESTSTREET

City, State, ZIP: TESTCITY, SC 39845
Country:

Deceased: UNKNOWN
Date of Death:

Social Security Numbers (SSN): 532-46-5675

Individual Taxpayer Identification Numbers (ITIN): 931-74-3786

Federal Employer Identification Numbers (FEIN): 976987689

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National Provider Identifiers (NPI): 9876896789

Date of Birth: 05/05/1975

Occupation/Field of License (Code): NURSE ANESTHETIST (110)

State License Number, State of Licensure: 89768976, CA

Other, as Specified:

Specialty:

Drug Enforcement Administration (DEA) Numbers: 978678968976

Unique Physician Identification Numbers (UPIN): 897689

C. INFORMATION REPORTED

Venue (Court): TEST COURT NAME

Jurisdiction: FEDERAL

City, State of Court: TEST CITY, LA

Docket/Court File Number: 8398

Prosecuting Agency or Civil Plaintiff: TEST CIVIL PLAINTIFF

Case Number Used by Prosecuting Agency: 8348

Type of Action: CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) (10)

Investigating Agency(Agencies): TEST AGENCY

Case Number(s) Used by Investigating Agency(Agencies): 8038

Statutory Offense and Count(s): TEST SECTION, TEST OFFENSE (89)

Act or Omission Code(s): UPCODING OF SERVICES (222)

Narrative Description of Act(s) or Omission(s): TEST OMISSION

Date of Judgment/Sentence: 05/05/2001

Judgment/Sentence

Restitution Amount: \$88.00

Other Sentence/Judgment Amount: \$99.00

Incarceration: Years: 1 Months: 2 Days: 3

Suspended Sentence: Years: Months: Days:

Home Detention: Years: Months: Days:

Probation: Years: Months: Days:

Community Service: Hours:

Other:

☒ Subject identified in Section B has appealed the reported judgment/conviction.

Date of Appeal: 06/06/2001

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**D. SUBJECT
STATEMENT**

**E. REPORT
STATUS**

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- ☐ If box is checked, this report has been disputed by the subject identified in Section B.
- ☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/21/2005

Date of Most Recent Change: 03/21/2005

**F. SUPPLEMENTAL
SUBJECT
INFORMATION
ON FILE WITH
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): TESTALTERNATELASTNAME, TESTALTFIRSTNAM
TESTALTMIDNAME JR
TESTALTLLNAME, TESTALTFIRST TESTALTMID

END OF REPORT